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## APPLICANTS

Conrad Klotz, Nappanee, IN;  
 Chris Clupper, Columbia City, IN;  
 Rudy R. Diaz, Goshen, IN;  
 Kimberly A. Dwyer, Fort Wayne, IN;  
 Sam Sackett, Fort Wayne, IN;  
 Trent Wilkinson, Larwill, IN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 9	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

000027777

## TITLE

HEAD GEAR APPARATUS

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